# Millimeter waves and biological effects

It has been known for well over a hundred years that millimeter waves can be biologically active (Bose 1906). Though beneficial effects can result from short-term millimeter wave treatments (MMWT) (Table 1), side effects can also arise. The effects of long-term chronic exposures have yet to be assessed.

Table 1: Biological effects reported from mm wave exposures					
Power Density [µW/cm²]	Frequency range	Exposure type	Effects noted	Author	
0.000,000,000,1 to 0.0001	30-60 GHz	5-15 minutes exposure	Stimulated growth of pine seed microflora.	Ratushnyak et al. (2008)	
0.000,000,01	54-76 GHz	5 minutes per day for 5 days on mice previously exposed to ionizing radiation	Normalizing effect on growth of damaged cells.	Bundyuk et al. (1994)	
0.07	53.37-78.33 GHz	1-hour exposure every 2 days. 5 treatments given to human breast cancer cells in culture.	Cell number approximately 60% less in irradiated group of cells than in shamexposed control.	Beneduci et al. (2005)	
0.1	41.303 GHz	10-minute irradiation.	Maximum effect on E. coli cells' genome conformational state.	Alipov et al. (1993)	
≥0.3	60 GHz	1-minute exposure [3 current cycles - 5 second exposures every 20 seconds].	Changes in firing rate of neurons.	Siegel & Pikov (2010)	
1-3	54-78 GHz	4-6 treatment sessions, each of 10-20 minutes duration.	Complete relief of headaches in 122 out of 177 patients with pre-stroke forms of cerebrovascular pathology <sup>1</sup>	Kuz'menko (1998)	
10	42.2GHz	Mice received 30- minute whole body exposure daily for 15 days.	Tumor growth inhibited by 33.5% compared to controls.	Kalantaryan et al. (2016)	

As an example of the kinds of environmental exposures humans may expect to receive, mention is made of the FCC's radiated emission limits for automobile radar systems (Table 2) (FCC 2012, 2015).

Table 2: Radiated emission limits for automobile radar systems at 3 meters from source				
Frequency bands	Average power density	Peak power density		
76-81 GHz	88 μW/cm <sup>2</sup>	279 μW/cm <sup>2</sup>		
0				

Sources: FCC (2012), FCC (2015).

As would be expected, RF exposure levels nearer vehicles could be far higher.

 $<sup>\</sup>frac{1}{2}$  65% of patients receiving this treatment remained in remission for around 1 year, versus 20% in control group Permitted exposures are far greater next the location of the devices on automobiles. Cyclists and pedestrians are likely to be exposed at far higher intensities when they are within 3 meters of the equipment, as will wildlife and the nearby environment.

## Side effects from short-term MMWT exposure

Mild side effects have been reported as a result of short-term mm wave exposures.

#### **Paresthesias**

In a number of patients minor short-term paresthesias [a sensation of burning, numbness, prickling or tingling that most often occurs in the body's extremities] has been reported as a result of exposure, as have feelings of fatigue and sleepiness (Usichenko et al. 2006, Radzievsky et al. 1999).

It is suggested by the author that such side effects may be likely to arise in members of the general population as a result of chronic long-term environmental exposures.

### Altered neuronal activity

Tests have indicated that neuronal activity in the brain can be affected by very low intensity short-term exposures to mm waves (Siegel & Pikov 2010).

### Hypoalgesia

It is proposed that since the body's opioid system<sup>3</sup> is indicated as being involved in the electromagnetic inducement of hypoalgesia [a decreased sensitivity to painful stimuli] as a result of the activation of the peripheral nervous system by mm waves (Radzievsky et al. 2008), there is the possibility that various environmental exposures to mm waves will act in a similar fashion.

Though reduced perceived pain intensity is often beneficial, particularly within official medical treatment, it can in some circumstances prove detrimental. Moreover, as chronic exposure to opioids can cause hypersensitivity to pain (College of Physicians and Surgeons of British Columbia 2015), there appears the possibility that chronic exposure to mm waves may create such effects in susceptible individuals creating an unnecessary health burden.

#### Cancer

Research also suggests that other unwanted side effects may arise. It has already been shown that short-term mm wave exposures, at levels that birds in the wild might be experience if in close proximity to high-intensity emitters in real life, may accelerate tumor growth.

In research by Bellossi et al. (2000), DBA/2 mice were irradiated with 60 GHz waves for 30 minutes a day, for 5 consecutive days a week at 500  $\mu$ W/cm². While mice with lymphocytic leukemia cells showed increased survival (for 2 series out of 4), mice with Lewis tumor cells exhibited accelerated tumor growth. The exposure level was half that permitted by both ICNIRP (1998) and the FCC (1996) in basic restrictions for members of the general public.

Radio waves are already classified as 'Group 2B Possible Carcinogens' (WHO/IARC 2011), with some experts now calling for them to be upgraded to Group 2A 'Probably carcinogenic to humans', or even to Group 1 'Carcinogenic to humans' (Hardell & Carlberg 2015, 2013). The recent NTP (2016) findings could be particularly instrumental in causing such an upgrade.

#### Conclusion

It appears from the above that great caution is warranted with regard to the proposed widespread rollout of mm wave frequencies.

It is already known that mm waves can be biologically active. Proper assessment of the potential health and environmental consequences of their widespread use is urgently required. An unchecked proliferation of 5G technologies could create catastrophic results. A far more sophisticated approach is required in this 'Bioelectromagnetic Age'.

Widespread proliferation of biologically active electromagnetic fields, including mm wave frequencies, could lead to unprecedented public health and environmental disasters. Premarket safety testing is urgently required to help prevent expensive and unnecessary risks being taken and help optimize investment in order to create the better future we need.

<sup>&</sup>lt;sup>3</sup> Opioids act on the body's opioid receptors to enable morphine-like effects.

#### References

- Alipov, Y.D., Belyaev, I.Y., Kravchenko, V.G., Polunin, V.A. & Shcheglov, V.S. (1993), Experimental Basis for Commonality of Resonant Reaction of Prokaryotic and Eukaryotic Cells to Millimeter Waves of Low Intensity. Physics of the Alive, 1(1),72-79. In Russian. Cited by Kositsky et al. (2001).
- Bellossi, A., Dubost, G., Moulinoux, J., Ruelloux, M., Himdi, M. & Rocher, C. (2000), Biological effects of millimeter-wave irradiation on mice preliminary results. IEEE Transactions on Microwave Theory and Techniques, 48(11), 2104-2110.
- Beneduci, A., Chidichimo, G., Tripi, S. & Perrotta, E. (2005a), Transmission electron microscopy study of the effects produced by wide-band low-power millimeter waves on MCF7 human breast cancer cells in culture. Anticancer Research, 25(2A),1009-1013.
- Bose, J.C. (1906), Plant Response. Longmans, Green & Co. New York, pp. 618-619. CH-40-Index-JCB-PR-PT-06-P-546-781.pdf
- Bundyuk, L.S., Kuz'menko, A.P., Ryabchenko, N.N. & Litvinov, G.S. (1994), Corrective action of millimeter waves on systems of various levels of hierarchy. Physics of the Alive, 2(1), 12-25. Cited by Kositsky et al. (2001).
- College of Physicians and Surgeons of British Columbia (2015), Chronic exposure to opioids may cause hypersensitivity to pain. College of Physicians and Surgeons of British Columbia, 3(5), 11. https://www.cpsbc.ca/for-physicians/college-connector/2015-V03-05/11
- FCC (2015), Federal Communications Commission FCC 15-16: Notice of Proposed Rulemaking and Reconsideration Order, https://apps.fcc.gov/edocs\_public/attachmatch/FCC-15-16A1.pdf
- FCC (2012), Federal Communications Commission FCC 12-72 Report and Order, http://incompliancemag.com/wp-content/uploads/2012/08/FCC-12-72A1.pdf
- FCC (1996), Guidelines for evaluating the environmental effects of radiofrequency radiation, Federal Communications Commission, Washington D.C., August 1996.
- Hardell, L. & Carlberg, M. (2015), Mobile phone and cordless phone use and the risk for glioma Analysis of pooled case-control studies in Sweden, 1997–2003 and 2007–2009. Pathophysiology, 22, 1-13. http://www.pathophysiologyjournal.com/article/S0928-4680%2814%2900064-9/pdf
- Hardell, L. & Carlberg, M. (2013), Using the Hill viewpoints from 1965 for evaluating strengths of evidence of the risk for brain tumors associated with use of mobile and cordless phones. Reviews on Environmental Health, 28(2-3), 97-106. http://www.ncbi.nlm.nih.gov/pubmed/24192496
- ICNIRP (1998), ICNIRP Guidelines for limiting exposure to time-varying electric, magnetic and electromagnetic fields up to 300 GHz. International Commission on Non-Ionizing Radiation Protection. Health Physics, 74(4), 494-522, http://www.icnirp.de/documents/emfgdl.pdf
- Kalantaryan, V., Martirosyan, R., Babayan, Y., Nersesyan, L., Stepanyan, H. Vardapetyan, R. (2016), Action of Non-Ionizing Radiation on Tumor and Healthy DNA. Armenian Journal of Physics, 9(1), 100-105.
- Kositsky, N.N., Nizhelska, A.I. & Ponezha, G.V. (2001), Influence of High-frequency Electromagnetic Radiation at Non-thermal Intensities on the Human Body (A review of work by Russian and Ukrainian researchers). No Place To Hide Newsletter of the Cellular Phone Taskforce Inc. Volume 3, Number 1 Supplement February 2001. Translation by Patricia Ormsby (2001). http://www.salzburg.gv.at/2001\_kositsky\_et\_al.\_-\_ussr\_review-2.pdf
- Kuz'menko, V.M. (1998), The role of microwave resonance therapy in the combined treatment of patients with cerebral atherosclerosis. Likars'ka Sprava, 7, 146-148. In Ukrainian. Cited by Usichenko et al. (2006).
- NTP (2016), Cell Phones. National Toxicology Program, US Department of Health and Human Services, http://ntp.niehs.nih.gov/results/areas/cellphones/index.html
- Radzievsky, A.A., Gordiienko, O.V., Alekseev, S., Szabo, I., Cowan, A. & Ziskin, M.C. (2008), Electromagnetic millimeter wave induced hypoalgesia: frequency dependence and involvement of endogenous opioids. Bioelectromagnetics, 29(4), 284-295.
- Radzievsky, A.A., Rojavin, M.A., Cowan, A. & Ziskin, M.C. (1999), Suppression of Pain Sensation Caused by Millimeter Waves: A Double-Blinded, Cross-Over, Prospective Human Volunteer Study. Anesthesia & Analgesia, 88(4), 836-840. http://www.cemmedic.hu/uploads/dokument/2-akademia%20kutatasok/Moszkva%20-%20seb%20kezelese%20kiserleti%20allatokon/rojavin1.pdf
- Ratushnyak, A.A., Andreeva, M.G., Morozova, G.A. & Trushin, M.V. (2008), Effect of extremely high frequency electromagnetic fields on microbiological community in rhizosphere of plants. International Agrophysics, 22, 71-74.
- Siegel, P.H. & Pikov, V. (2010), Impact of low intensity millimetre waves on cell functions. Electronics Letters, 46, S70–S72. http://thz.caltech.edu/siegelpapers/IET\_Dec2010.pdf
- Usichenko, T.I., Edinger, H., Gizhko, V.V., Lehmann, C., Wendt, M. & Feyerherd, F. (2006), Low-Intensity Electromagnetic Millimeter Waves for Pain Therapy. Evidence-Based Complementary and Alternative Medicine, 3(2), 201-207. doi:10.1093/ecam/nel012.
- WHO/IARC (2011), IARC classifies radiofrequency electromagnetic fields as possibly carcinogenic to humans, Press Release No. 208, World Health Organization, May 31, 2011, http://www.iarc.fr/en/media-centre/pr/2011/pdfs/pr208\_E.pdf